



Extra Curricular Application Form

Student Information (please print)

• Name of Extra Curricular Class: _____

(This INFORMATION is very important to place your child in the right class before it is full.)

• Student's Name (Last Name, First Name) _____ CLSSC Class Level:

Room Number: _____ Family Number: _____

• Parent/Guardian: _____ Legal Custody: yes no

Cell phone: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

• Parent/Guardian: _____ Legal Custody: yes no

Phone: _____ Email Address: _____

Authorized Pick-Up and Emergency Contact List

Only people listed on the authorized pick-up list will be allowed to sign your child out of Extra Curricular Program. Any changes must be made IN PERSON. In case of emergency, Parents/Guardians will be contacted first. If Parents/Guardians cannot be reached, we will then call the people below.

• Name _____ Relationship: _____ Phone: () _____

1. **EC Activities Fee:** Adult class (Tai-Chi): \$2.75 per school year for adult; student class: \$150 per school year for CLSSC student, \$175 per school year for parent of CLSSC student, \$2.25 per person per school year for non-CLSSC families. No refund after first Saturday in October. You may transfer to another class only once per school year with approval from both instructors.
2. **Material Fees:** Some classes require additional material fees. It is determined and collected by the teachers.
3. **Language Credit:** For students who need 4 hours per week to claim language credits, Chinese Culture and History, Chinese Painting, Chinese Calligraphy, Chinese Dancing, Chinese Cooking, Chinese Instruments, SAT II and Westside Breeze are available. Please verify these classes with your regular school. Students that miss more than 2 classes per year will not qualify for credit, unless both the teacher and the EC activity director approve the absences in writing. Students are strongly encouraged to consult with their high school regarding policy on foreign language credits.
4. All classes are subject to change based on number of registered + paid student(s) by first Saturday in October.

Parent/Guardian's Signature X _____ Date: _____

OFFICE USE ONLY (PLEASE DO NOT WRITE IN THIS SECTION):

- 5 service points when signed up by October 7, 2017
- CLSSC student
- Parent of CLSSC student
- for Non-CLSSC family per student
- one time transfer per school year

WAIVER RELEASE

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD

In consideration of the Chinese Language School of Southern California (CLSSC) acting through its Extra Curricular classes granting the below named minor child ("Minor") _____ the opportunity to participate in Grand View Boulevard Elementary School campus CLSSC Program ("Program"),

I, (print name)

_____, the undersigned, as parent or legal guardian of the Minor, do hereby agree as follows:

- I am aware that there might have certain risks of injury and/or damage inherent in the program activities.
- I understand that if my child misbehaves and/or is sick and needs to be sent home, I agree to pick her/him up at the time requested by staff.
- I confirm to the best of my knowledge and belief, Minor is not subject to a physical or mental infirmity nor under the influence of any medication or other substance(s) which might hinder his/her safe participation in the program.
- I will instruct Minor to abide by all safety regulations and to take reasonable precautions to minimize the risks of injury or damage arising from participation in the program.
- I give my consent to have Minor participate in all aspects of the program and I knowingly assume full responsibility for all risks of bodily injury, death or property damage which Minor may sustain as a result.
- I understand that the CLSSC has no obligation to obtain medical treatment for Minor. Should it be necessary for Minor to have emergency medical care while participating in the program, I hereby give the CLSSC personnel my permission to use their judgment in obtaining medical care, and; I give permission to the medical care provider selected by the CLSSC volunteer(s) to render medical care deemed necessary and appropriate.
- I also authorize the CLSSC to make, procure or use photographs, films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with program's publicity materials.
- Except for the gross negligence or willful misconduct of the CLSSC, I waive all rights of recovery which Minor or I may have now or in the future, whether known or unknown, against the Chinese Language School of Southern California (CLSSC) or its officers, agencies or employees, and I release, acquit and forever discharge the CLSSC from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands, causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with Minor's participation in the program or any related activities.
- I have carefully read this agreement. I understand what it means and my signature below is my own free act. I intend it to be legally binding on Minor and myself. I also acknowledge that I have received the Extra Curricular class description and agree to the terms and policies described therein.
- **Important:** Parent or Guardian's signature required below.

Parent/Guardian's Signature X _____ Date: _____

Parent's Name (please print) _____

The Chinese Language School of Southern California is a not-for-profit organization that operates most Saturdays on the campus of Grand View Boulevard Elementary School at 3951 Grand View Blvd., Los Angeles, CA 90066

